



COMPRESSION TEST REPORT

School District: _____ LEA #: _____ DSA FILE #: _____ - _____
Attn: _____ Exp. Date: _____ DSA APPL #: _____ - _____
Address: _____ Lab Facility: _____
Lab Doc #: _____ Lab Job #: _____

Project Name: _____ Structure: _____
Location in Structure: _____ Report Date: _____
Sampled By: _____ Sample Date: _____

SAMPLING INFORMATION

Specified Strength _____ psi @ _____ days

Material: Concrete Grout Mortar Prisms Cores Other _____

	Actual	Spec.	Pass/ Fail?
Slump (inches)			
Percent Air (%)			
Unit Weight (pcf)			
Air Temperature (°F)			
Mix Temperature (°F)			

Mix Number: _____ Load #: _____
Concrete Supplier: _____
Truck #: _____ Ticket #: _____
Time Batched: _____ Time Sampled: _____
Set #: _____ of _____ yds of _____ total yds
Sampled from: Chute Hose Other _____

TESTING INFORMATION

Date Samples Received _____ Curing Method _____

Identification							
Date Tested							
Age in Days							
Diameter/Size (in.)							
Correction Factor							
Cross Sect. Area (in. ²)							
Maximum Load (lbs.)							
Compr. Strength (psi)							
Fracture Type							

Applicable ASTM Test Methods: _____ Concrete: Average of 2 (28 day) tests: _____ psi

Tested by: _____ Mortar, Grout, Shotcrete: Average of 3 (28 day) tests: _____ psi

REMARKS:

ADDITIONAL COMMENTS (DSA-211) ATTACHED.

The Material WAS WAS NOT
SAMPLED AND TESTED IN ACCORDANCE WITH
THE REQUIREMENTS OF THE DSA APPROVED DOCUMENTS.

The Material Tested MET DID NOT MEET
THE REQUIREMENTS OF THE DSA APPROVED DOCUMENTS.

cc: Project Architect
Structural Engineer
Project Inspector
DSA Regional Office

Signature

Date

Print Name / Title